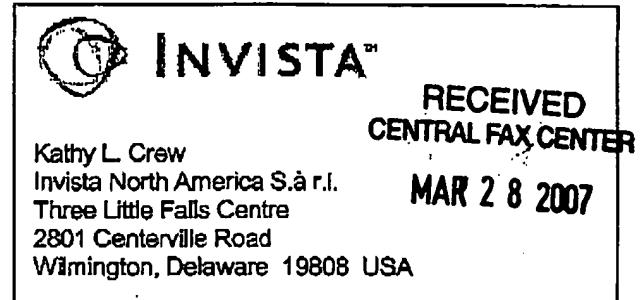


Kathy L. Crew
 Invista IP Department
 Phone: 302-683-3298
 Fax: 302-683-3473
 Kathy.L.Crew@invista.com



Fax

To:	Art Unit 1772	From:	Kathy Crew (Invista Patents & Trademarks)
Fax:	1-571-273-8300	Pages:	6
Phone:	Date: March 28, 2007		
Re:	Application No. 10/583,806	CC:	
	Our Ref.: 2003/099ART US		

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<i>(As used for correspondence after May 1, 1992)</i>		Attorney/Agent Number	10001000		
		Filing Date	01/09/2007		
		First Named Inventor	Gregory N. Clements		
		ATN/URI	1722		
		Correspondence Name	FAX 10001		
		Total number of Pages in Body of Document	2		
		Attorney/Agent Number	10001000		
ENCLOSURES (Check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> <i>Fee Attached</i>		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> <i>Identifying-related Papers</i>		<input type="checkbox"/> <i>AMF Application Committee to TC</i> <input type="checkbox"/> <i>Appeal Correspondence to Board of Appeals and Interferences</i> <input type="checkbox"/> <i>Appeal Correspondence to TC</i> <input type="checkbox"/> <i>Power of Attorney, Reinstatement</i> <input checked="" type="checkbox"/> <i>Change of Correspondence Address</i> <input type="checkbox"/> <i>Terminal Disclaimer</i> <input type="checkbox"/> <i>Request for Refund</i>	
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> <i>ACR/PA</i> <input type="checkbox"/> <i>Advisory Action(s)/PA</i>		<input type="checkbox"/> <i>Priority to Convert to a Provisional Application</i> <input type="checkbox"/> <i>Power of Attorney, Reinstatement</i> <input type="checkbox"/> <i>Change of Correspondence Address</i>		<input type="checkbox"/> <i>Power of Attorney, Reinstatement</i> <input type="checkbox"/> <i>Priority Information</i> <input type="checkbox"/> <i>Power of Attorney</i> <input checked="" type="checkbox"/> <i>Other (Checkmark) (please identify below):</i>	
<input type="checkbox"/> <i>Statement of Time Request</i>		<input type="checkbox"/> <i>CD Number of CD(s)</i> <input type="checkbox"/> <i>Landscapes Table on CD</i>		<input type="checkbox"/> <i>Remarks</i>	
<input type="checkbox"/> Express Abandonment (Request)				<i>Request for Power of Attorney return receipt postcard</i>	
<input type="checkbox"/> <i>Information on Disclosure Statement</i>					
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<input type="checkbox"/> Reply to <i>Notice of Allowance</i> <i>Continuation Application</i> <i>Reply to Mailing Parts</i> under 37 CFR 1.03 or 1.05					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
From Name	Clements I Walker				
Signature					
Practice name	Gregory N. Clements				
Date	January 9, 2007 Reg. No. 30,7113				
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PAGE 1/2 RCVD AT 1/28/2007 9:52:16 AM [Eastern Standard Time] SVR:USPTO-EFXRF-2/3 DNIS:2738300 CSID:3026833474 DURATION (mm:ss):02:24					

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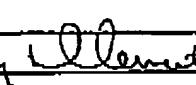
Total Number of Pages in This Submission 2

Attorney Docket Number 4502

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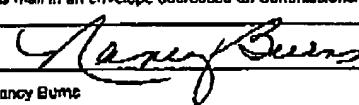
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Revocation Power of Attorney return receipt postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Print Name	Clements I Walker		
Signature			
Printed name	Gregory N. Clements		
Date	January 9, 2007	Reg. No.	30,713

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Typed or printed name	Nancy Burns	Date	January 9, 2007

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Application Number

10/583,808

Filing Date

22 June 2005

First Named Inventor

Uwe Bayer et al

Art Unit

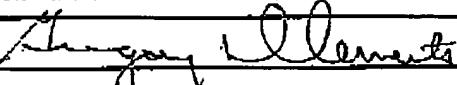
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Examiner Name

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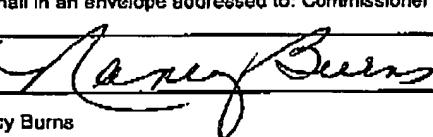
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<input type="checkbox"/> Remarks revocation Power of Attorney return receipt postcard		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Clements Walker	
Signature		
Printed name	Gregory N. Clements	
Date	January 9, 2007	Reg. No. 30,713

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